

Index to Volume 63

The index to Volume 63 is composed of three parts: a subject index, an author index, and an advertising index.

The subject index is made up mainly of terms constructed by *International Pharmaceutical Abstracts (IPA)*. The IPA index is an alphabetical, open-ended, controlled-vocabulary index that makes use of standardized headings. (The primary index terms for each article are listed routinely in *AJHP* as "index terms" after abstracts.) IPA covers all authored papers and editorials in *AJHP*, as well as selected letters and news reports. Items that were published in the ASHP Reports section, including official ASHP Statements and Guidelines, are indexed under "American Society

of Health-System Pharmacists," as well as being covered by IPA in many cases. The subject index also notes all regular *AJHP* columns and, under the respective column headings, the titles of items in the following: Alternative Therapies, Book Reviews, CD-ROM Reviews, Editorials, Frontline Pharmacist, Letters, Management Consultation, Medicare Modernization Act Q&A, New Practitioners Forum, News, Q&A, and Success Skills. The subject index also contains, under the heading "Correction Notices," the title and issue of publication of items for which corrections were printed, as well as the page numbers on which the corrections appear.

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Phase 3 comparator-controlled trials, the percentage of adult patients who developed a substantially low platelet count (defined as less than 75% of lower limit of normal and/or baseline) was 2.4% (range among studies: 0.3 to 10.0%) with ZYVOX and 1.5% (range among studies: 0.4 to 7.0%) with a comparator. In a study of hospitalized pediatric patients ranging in age from birth through 11 years, the percentage of patients who developed a substantially low platelet count (defined as less than 75% of lower limit of normal and/or baseline) was 12.3% with ZYVOX and 13.4% with vancomycin. In an outpatient study of pediatric patients aged from 5 through 17 years, the percentage of patients who developed a substantially low platelet count was 0% with ZYVOX and 0.4% with cefadroxil. Thrombocytopenia associated with the use of ZYVOX appears to be dependent on duration of therapy, generally greater than 2 weeks of treatment. The platelet counts for most patients returned to the normal range/baseline during the follow-up period. No related clinical adverse events were identified in Phase 3 clinical trials in patients developing thrombocytopenia. Bleeding events were identified in thrombocytopenic patients in a compassionate use program for ZYVOX; the role of linezolid in these events cannot be determined (see **WARNINGS**). Changes seen in other laboratory parameters, without regard to drug relationship, revealed no substantial differences between ZYVOX and the comparators. These changes were generally not clinically significant, did not lead to discontinuation of therapy, and were reversible. The percent of adult patients with at least one substantially abnormal hematologic¹ value in patients treated with ZYVOX 400 mg q12h or clarithromycin 250 mg q12h for uncomplicated skin and skin structure infections were as follows: hemoglobin (g/dL) 0.9 and 0.0, platelet count ($\times 10^3/\text{mm}^3$) 0.7 and 0.8, WBC ($\times 10^3/\text{mm}^3$) 0.2 and 0.6, neutrophils ($\times 10^3/\text{mm}^3$) 0.0 and 0.2 respectively. The percent of adult patients with at least one substantially abnormal hematologic¹ value in patients treated with ZYVOX 600 mg q12h or a comparator² were as follows: hemoglobin (g/dL) 7.1 and 6.6, platelet count ($\times 10^3/\text{mm}^3$) 3.0 and 1.8, WBC ($\times 10^3/\text{mm}^3$) 2.2 and 1.3, and neutrophils ($\times 10^3/\text{mm}^3$) 1.1 and 1.2 respectively. The percent of adult patients with at least one substantially abnormal serum chemistry³ value in patients treated with ZYVOX 400 mg q12h or clarithromycin 250 mg q12h for uncomplicated skin and skin structure infections were as follows: AST (U/L) 1.7 and 1.3, ALT (U/L) 1.7 and 1.7, LDH (U/L) 0.2 and 0.2, alkaline phosphatase (U/L) 0.2 and 0.2, lipase (U/L) 2.8 and 2.6, amylase (U/L) 0.2 and 0.2, total bilirubin (mg/dL) 0.2 and 0.0, BUN (mg/dL) 0.2 and 0.0, and creatinine (mg/dL) 0.2 and 0.0 respectively. The percent of adult patients with at least one substantially abnormal serum chemistry³ value in patients treated with ZYVOX 600 mg q12h or a comparator² were as follows: AST (U/L) 5.0 and 6.8, ALT (U/L) 9.6 and 9.3, LDH (U/L) 1.8 and 1.5, alkaline phosphatase (U/L) 3.5 and 3.1, lipase (U/L) 4.3 and 4.2, amylase (U/L) 2.4 and 2.0, total bilirubin (mg/dL) 0.9 and 1.1, BUN (mg/dL) 2.1 and 1.5, and creatinine (mg/dL) 0.2 and 0.6 respectively. The percent of pediatric patients with at least one substantially abnormal hematologic¹ value in patients treated with ZYVOX or cefadroxil for uncomplicated skin and skin structure infections⁴ were as follows: hemoglobin (g/dL) 0.0 and 0.0, platelet count ($\times 10^3/\text{mm}^3$) 0.0 and 0.4, WBC ($\times 10^3/\text{mm}^3$) 0.8 and 0.8, neutrophils ($\times 10^3/\text{mm}^3$) 1.2 and 0.8 respectively. The percent of pediatric patients with at least one substantially abnormal hematologic¹ value in patients treated with ZYVOX or vancomycin for any other indication⁵ were as follows: hemoglobin (g/dL) 15.7 and 12.4, platelet count ($\times 10^3/\text{mm}^3$) 12.9 and 13.4, WBC ($\times 10^3/\text{mm}^3$) 12.4 and 10.3, and neutrophils ($\times 10^3/\text{mm}^3$) 5.9 and 4.3 respectively. The percent of pediatric patients with at least one substantially abnormal serum chemistry³ value in patients treated with ZYVOX or cefadroxil for uncomplicated skin and skin structure infections⁴ were as follows: ALT (U/L) 0.0 and 0.0, lipase (U/L) 0.4 and 1.2, and creatinine (mg/dL) 0.4 and 0.0 respectively. The percent of pediatric patients with at least one substantially abnormal serum chemistry³ value in patients treated with ZYVOX or vancomycin for any other indication⁵ were as follows: ALT (U/L) 10.1 and 12.5, amylase (U/L) 0.6 and 1.3, total bilirubin (mg/dL) 6.3 and 5.2, and creatinine (mg/dL) 2.4

and 1.0 respectively. Postmarketing Experience Myelosuppression (including anemia, leukopenia, pancytopenia, and thrombocytopenia) has been reported during postmarketing use of ZYVOX (see **WARNINGS**). Peripheral neuropathy, and optic neuropathy sometimes progressing to loss of vision, have been reported in patients treated with ZYVOX. Lactic acidosis has been reported with the use of ZYVOX (see **PRECAUTIONS**). Although these reports have primarily been in patients treated for longer than the maximum recommended duration of 28 days, these events have also been reported in patients receiving shorter courses of therapy. Serotonin syndrome has been reported in patients receiving concomitant serotonergic agents, including antidepressants such as selective serotonin reuptake inhibitors (SSRIs) and ZYVOX (see **PRECAUTIONS**). Convulsions have been reported with the use of ZYVOX (see **PRECAUTIONS**). Anaphylaxis, angioedema, and bullous skin disorders such as those described as Stevens Johnson syndrome have been reported. These events have been chosen for inclusion due to either their seriousness, frequency of reporting, possible causal connection to ZYVOX, or a combination of these factors. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made and causal relationship cannot be precisely established. **OVERDOSAGE** In the event of overdosage, supportive care is advised with maintenance of glomerular filtration. Hemodialysis may facilitate more rapid elimination of linezolid. In a Phase 1 clinical trial, approximately 30% of a dose of linezolid was removed during a 3-hour hemodialysis session beginning 3 hours after the dose of linezolid was administered. Data are not available for removal of linezolid with peritoneal dialysis or hemoperfusion. Clinical signs of acute toxicity in animals were decreased activity and ataxia in rats and vomiting and tremors in dogs treated with 3000 mg/kg/day and 2000 mg/kg/day, respectively.

¹ MDSP refers to isolates resistant to 2 or more of the following antibiotics: penicillin, second-generation cephalosporins, macrolides, tetracycline, and trimethoprim/sulfamethoxazole.

² Comparators included cefepodoxime proxetil 200 mg PO q12h; ceftriaxone 1 g IV q12h; clarithromycin 250 mg PO q12h; dicloxacillin 500 mg PO q6h; oxacillin 2 g IV q6h; vancomycin 1 g IV q12h.

³ The most commonly reported drug-related adverse events leading to discontinuation in patients treated with ZYVOX were nausea, headache, diarrhea, and vomiting.

⁴ Comparators included cefepodoxime proxetil 200 mg PO q12h; ceftriaxone 1 g IV q12h; dicloxacillin 500 mg PO q6h; oxacillin 2 g IV q6h; vancomycin 1 g IV q12h.

⁵ Patients 5 through 11 years of age received ZYVOX 10 mg/kg PO q12h or cefadroxil 15 mg/kg PO q12h. Patients 12 years or older received ZYVOX 600 mg PO q12h or cefadroxil 500 mg PO q12h.

⁶ Patients from birth through 11 years of age received ZYVOX 10 mg/kg IV/PO q6h or vancomycin 10 to 15 mg/kg IV q6-24h, depending on age and renal clearance.

⁷ These reports were of "red-man syndrome," which were coded as anaphylaxis.

⁸ <75% (<50% for neutrophils) of Lower Limit of Normal (LLN) for values normal at baseline; if baseline <LLN of baseline for values abnormal at baseline.

⁹ >2 x Upper Limit of Normal (ULN) for values normal at baseline; >2 x ULN and >2 x baseline for values abnormal at baseline.

¹⁰ <75% (<50% for neutrophils) of Lower Limit of Normal (LLN) for values normal at baseline; <75% (<50% for neutrophils) of ULN and <75% (<50% for neutrophils, <90% for hemoglobin) if baseline <LLN of baseline for values abnormal at baseline.

¹¹ >2 x Upper Limit of Normal (ULN) for values normal at baseline; >2 x ULN and >2 x 1.5 for total bilirubin x baseline for values abnormal at baseline.


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